

09/534,825

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/534825	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51	1	
2		1					52		1
3	1						53	1	
4	1						54	1	
5	1						55	1	
6	1						56	1	
7	1						57	1	
8		1					58	1	
9		1					59	1	
10		1					60	1	
11	1						61		1
12		1					62		1
13		1					63		1
14		1					64		1
15		1					65		1
16		1					66		1
17		1					67		1
18		1					68		1
19		1					69		1
20		1					70		1
21		1					71		1
22		1					72		1
23		1					73		1
24		1					74		1
25	1						75		1
26		1					76		1
27		1					77		1
28		1					78		1
29	1						79		1
30		1					80		1
31		1					81		1
32	1						82		1
33		1					83		1
34		1					84		1
35	1						85		1
36		1					86		1
37		1					87		1
38	1						88		1
39	1						89		1
40	1						90		1
41		1					91		1
42		1					92		1
43		1					93		1
44	1						94		1
45		1					95		1
46		1					96		1
47		1					97		1
48	1						98		1
49		1					99		1
50		1					100		1
TOTAL IND.	18		4				TOTAL IND.	18	
TOTAL DEP.		45		5			TOTAL DEP.		5
TOTAL CLAIMS	63						TOTAL CLAIMS	63	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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